



TRICARE Reserve Select and TRICARE Retired Reserve



Module Objectives

After this module, you should be able to:

- **Define TRICARE Reserve Select (TRS)**
- **Describe how to qualify and purchase TRS coverage**
- **Explain how to transition from other types of TRICARE coverage to TRS**
- **Define TRICARE Retired Reserve (TRR)**
- **Describe eligibility requirements for TRR coverage**
- **Distinguish between TRS and TRR coverage**



TRICARE Reserve Select

- TRICARE Reserve Select (TRS) is a premium-based health plan available for purchase by qualified members of the Reserve Components, their eligible family members and qualified survivors
- TRS delivers the TRICARE Standard benefit to all covered individuals
- TRICARE Standard and TRICARE Extra cost-shares, deductibles and catastrophic caps that are applicable to active duty family members apply to all individuals (including the reserve component member) covered under TRS



TRICARE Reserve Select

- The National Guard/Reserve Components include:
 - Army National Guard
 - Army Reserve
 - Navy Reserve
 - Marine Corps Reserve
 - Air National Guard
 - Air Force Reserve
 - U.S. Coast Guard Reserve



TRS Coverage

- TRS offers two types of coverage plans:
 - Member Only
 - Member-and-Family
- TRS health care coverage is similar to TRICARE Standard/Extra
- Health care coverage includes:
 - Annual eye examinations
 - Behavioral health care
 - Immunizations and health screenings
 - Maternity care
 - Prescription drug coverage
 - Routine, urgent, and emergent care



Qualifying to Purchase TRS Coverage

- Guard/Reserve members must log on to the DMDC Reserve Component Purchased TRICARE Application at <https://www.dmdc.osd.mil/appj/reservetricare> to qualify and purchase TRS coverage
- Once qualified, Guard/Reserve members may print and sign the Reserve Component Health Coverage Request Form (DD Form 2896-1) and submit it to their regional contractor along with the appropriate initial premium payment



Purchasing TRS Coverage

- Beneficiaries should select “Purchase Coverage” and follow the instructions
 - If they certify they are not eligible for or enrolled in FEHB, they will be guided through the process of selecting a TRS start date and electing which family members should be covered
 - If beneficiaries certify that they are eligible for or enrolled in FEHB, they do not qualify to purchase TRS coverage
- Each Guard/Reserve Component is responsible for validating qualified members and recording it in DEERS



Accessing Health Care Using TRS

- TRS members may access care from any TRICARE-authorized provider from the date coverage begins
- Since TRS delivers the TRICARE Standard/Extra benefit, TRS members do not need a referral for most TRICARE-covered services
 - TRS members should verify which services require pre-authorization through their regional contractor
- TRS members may access care at any military treatment facility on a space-available basis
- TRS members must be in the Selected Reserve throughout the entire period of coverage
 - Members of the Selected Reserve are those who regularly attend weekend drill or unit training assembly



TRS Monthly Premiums

- TRS members are responsible for:
 - Monthly premiums
 - Annual deductibles
 - Cost Shares
- Premium payments are due no later than the last day of each month and applied to the following month of coverage
- Monthly premiums are adjusted annually, effective January 1.

Type of Coverage	2010 Monthly Premium	2011 Monthly Premium
TRS Member Only	\$49.62	\$53.16
TRS Member-and-Family	\$197.65	\$197.76



TRS Deductibles and Cost Shares

TRS members must meet the outpatient deductible each federal fiscal year (October 1- September 30) before TRICARE outpatient cost-sharing can begin.

TRS Member Pay Grade	Member-Only Coverage	Member-and-Family Coverage
E-4 and below	\$50	\$100
E-5 and above	\$150	\$300

The table below lists the amounts the TRS member pays for outpatient services after the annual deductible is met.

Type of Provider	Outpatient Cost-Share
TRICARE Network	15% of the negotiated rate
TRICARE-Authorized, Non-Network	20% of the TRICARE allowable charge, plus fees up to 15% above the TRICARE-allowable charge



Termination of TRS Coverage

- TRS coverage may end for one of the following reasons:
 - Voluntary Disenrollment
 - Nonpayment
 - Changes in Status

Voluntary Disenrollment:

- **TRS members** may choose to end TRS coverage at any time for either an individual family member or the entire family by taking the following steps:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at <https://www.dmdc.osd.mil/appj/reservetricare> and complete the DD Form 2896-1 according to the disenrollment instructions
 - Print, sign and mail the completed DD Form 2896-1 to the regional contractor
 - A 12-month TRS purchase lockout will apply to all beneficiaries covered under the TRS plan from the effective date of termination



Termination of TRS Coverage (continued)

Nonpayment:

- **The regional contractor** automatically terminates coverage of the TRS member, all covered family members and survivors, if the monthly premium payment was not received by the last day of the month following the due date for the monthly premium payment
- TRS members, family members and survivors are responsible for the cost of any health care received after the termination date following retroactive termination of coverage
- The regional contractor applies a 12-month TRS purchase lockout for the Reserve Component member, family members and survivors whose coverage was terminated for failure to make a payment



Termination of TRS Coverage (continued)

Change in Status:

- When the TRS sponsor is recalled to federal active duty for more than 30 consecutive days, they and their family members become eligible for premium-free TRICARE coverage
 - The 12-month TRS purchase lockout does not apply
- TRS coverage ends when the TRS sponsor separates or retires from the Selected Reserve
- If a TRS sponsor becomes eligible for FEHB in their own right, they will be allowed to continue their TRS coverage for a period up to 45 days, allowing them time to transfer/change coverage as they see fit



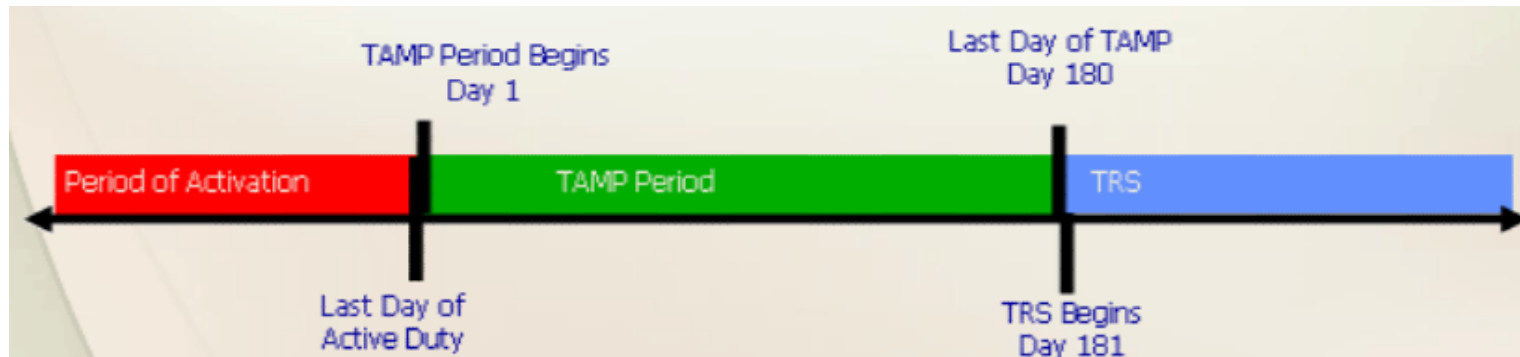
Gaining Other TRICARE Coverage

- If a TRS sponsor gains other medical coverage for a period of 30 days or less, TRS coverage continues unchanged as long as monthly premiums are paid
- If a TRS sponsor gains other TRICARE coverage for a period of more than 30 consecutive days (e.g., Guard/Reserve member is federally activated), DEERS terminates TRS coverage and implements premium-free TRICARE coverage
 - Individuals who want TRS coverage once the other TRICARE coverage ends must re-qualify to purchase TRS coverage
 - TRS purchase requests must be either received by or postmarked to the regional contractor no later than 30 days after the termination of other TRICARE coverage
- If a TRS member gains other TRICARE coverage via a family member, the member and family members may terminate TRS coverage without incurring a lockout period



Transitioning from TAMP to TRS

- The Transitional Assistance Management Program (TAMP) provides **180** days of transitional health care coverage for certain members of the Uniformed Services who are separating from active duty and their eligible family members
 - The 180-day period begins the day after active duty health care coverage ends



Transitioning from TRICARE Prime

Coverage During TAMP to TRS

- The TRICARE Prime benefit ends on the last day of the TAMP period for former service members and their family members who were enrolled in TRICARE Prime
- If their former Primary Care Manager (PCM) was a TRICARE **network** provider, TRS members may continue seeing that provider
 - TRS members should inform the provider that their coverage has changed
- If the member was enrolled in TRICARE Prime at a military treatment facility (MTF), the member may be able to see their former MTF PCM, on a space-available basis depending upon MTF patient capacity and the provider's availability



Transitioning from TRICARE Standard

Coverage During TAMP to TRS

- The TRICARE Standard benefit ends on the last day of the TAMP period for former active duty family members who were using TRICARE Standard
- TRS members may continue to see the same TRICARE-authorized network or non-network provider while using TRS
 - TRS members should inform the provider that their coverage has changed
- TRS members may be seen at any military treatment facility (MTF), on a space-available basis depending upon MTF patient capacity and the provider's availability



Transitioning to CHCBP After TRS

- Eligible beneficiaries may also enroll in the Continued Health Care Benefits Program (CHCBP), following the loss of military health care eligibility, including TRS
- CHCBP is not a military health plan, but a premium-based health care program that provides a bridge between military health care coverage and civilian health plans for certain eligible individuals
- CHCBP benefits are comparable to the health benefits provided for former civilian employees of the Federal government and functions under most of the rules and procedures of the TRICARE Standard option
- Eligibility for CHCBP runs concurrently with TRS eligibility for 18 months
- TRS members with any remaining CHCBP eligibility must purchase CHCBP within **30 days** of loss of TRS eligibility



TRICARE Retired Reserve

- TRICARE Retired Reserve (TRR) is a premium-based health plan available worldwide for purchase by qualified retired Reserve Component members, their eligible family members and qualified survivors
- TRR delivers the TRICARE Standard/Extra benefit to all covered individuals
- TRICARE Standard/TRICARE Extra cost-shares, deductibles and catastrophic caps that are applicable to retirees and their eligible family members apply to all individuals (including the retired reserve component member) covered under TRR



TRR Coverage

- TRR offers two types of coverage plans:
 - Member Only
 - Member-and-Family
- Health care coverage includes:
 - Annual eye examinations
 - Behavioral health care
 - Immunizations and health screenings
 - Maternity care
 - Prescription drug coverage
 - Routine, urgent, and emergent care



Qualifying for TRR Coverage

- Retired reserve members must log on to the DMDC Reserve Component Purchase TRICARE Application at <https://www.dmdc.osd.mil/appj/reservetricare> to qualify to purchase TRR coverage
- Once qualified, retired reserve members may print and sign the completed Reserve Component Health Coverage Request Form (DD Form 2896-1) and submit it to their regional contractor along with the appropriate premium payment



Purchasing TRR Coverage

- Beneficiaries should select “Purchase Coverage” and follow the instructions
- If they certify that they are not eligible for or enrolled in FEHB, they will be guided through the process of selecting a TRR start date and electing which family members they want covered
- If beneficiaries certify that they are eligible for or enrolled in FEHB, they do not qualify to purchase TRR coverage
- Surviving family members remain qualified for TRR regardless of FEHB eligibility



Accessing Health Care Using TRR

- TRR members may access care from any TRICARE-authorized provider from the date coverage begins
- Since TRR delivers the TRICARE Standard/Extra benefit, TRR members do not need a referral for most TRICARE-covered services
 - TRR members should verify which services require pre-authorization through their regional contractor
- TRR members may access care at any military treatment facility on a space-available basis



TRR Monthly Premiums

- TRR members are responsible for:
 - Monthly premiums
 - Annual deductibles
 - Cost Shares
- Premium payments are due no later than the last day of each month and applied to the following month of coverage
- Monthly premiums are adjusted annually, effective January 1.

Type of Coverage	2010 Monthly Premium	2011 Monthly Premium
TRR Member Only	\$388.31	\$408.01
TRR Member-and-Family	\$976.41	\$1,020.05



TRR Deductibles and Cost Shares

TRR members must meet the outpatient deductible each federal fiscal year (October 1- September 30) before TRICARE outpatient cost-sharing can begin.

Beneficiary Category	Member-Only Coverage	Member-and-Family Coverage
All Eligible Individuals	\$150	\$300

The table below lists the amounts the TRR member pays for outpatient services after the annual deductible is met.

Type of Provider	Outpatient Cost-Share
TRICARE Network	20% of the negotiated rate
TRICARE-Authorized, Non-Network	25% of the TRICARE allowable charge, plus fees up to 15% above the TRICARE-allowable charge



Termination of TRR Coverage

- TRR coverage may end for one of the following reasons:
 - Voluntary Disenrollment
 - Nonpayment
 - Changes in Status

Voluntary Disenrollment:

- **TRR members** may choose to end TRR coverage at any time for either an individual family member or the entire family by taking the following steps:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at <https://www.dmdc.osd.mil/appj/reservetricare> and complete the DD Form 2896-1 by following the disenrollment instructions
 - Print, sign and mail the completed DD Form 2896-1 to the regional contractor
 - A 12-month TRR purchase lockout will apply to all beneficiaries covered under the TRR plan from the effective date of termination



Termination of TRR Coverage (continued)

Nonpayment:

- **The regional contractor** automatically terminates coverage of the TRR member, all covered family members and survivors, if the monthly premium payment was not received by the last day of the month following the due date for the monthly premium payment
- TRR members, family members and survivors are responsible for the cost of any health care received after the termination date following retroactive termination of coverage
- The regional contractor applies a 12-month TRR purchase lockout for the Reserve Component member, family members and survivors whose coverage was terminated for failure to make a payment



Termination of TRR Coverage (continued)

Change in Status:

- When the TRR sponsor is recalled to federal active duty for more than 30 consecutive days, they and their family members become eligible for premium-free TRICARE coverage
 - In this case, TRR coverage automatically ends and the 12-month TRR purchase lockout does not apply
- When the TRR member becomes eligible for FEHB in their own right, they must take action to disenroll
 - No TRR purchase lockout will go into effect
- Loss of TRR Coverage
 - Members lose TRR eligibility when the sponsor turns 60 years of age



Distinguishing Between TRS and TRR

	TRICARE Reserve Select (TRS)	TRICARE Retired Reserve (TRR)
Qualifying	Must be a member of Selected Reserve of the Ready Reserve throughout entire period of coverage Must not become eligible for or obtain coverage under FEHB	Must be a retired member of the Retired Reserve of a Reserve Component who has not reached age 60 Must not become eligible for or obtain coverage under FEHB
Premium Rates	Monthly rate: 2010 Member Only - \$49.62 Member-and-Family - \$197.65	Monthly rate 2010: Member Only - \$388.31 Member-and-Family - \$976.41
	Monthly rate 2011: Member Only - \$53.16 Member-and-Family - \$197.76 Minimum 1 month initial premium payment required	Monthly rate 2011: Member Only - \$408.01 Member-and-Family - \$1,020.05 Minimum 2 months initial premium payment required
Survivor Coverage	If the sponsor passes away while covered under TRS, the surviving family member(s) may purchase new or continue existing TRS coverage for <u>up to six months beyond the date of the sponsor's death</u>	If sponsor passes away while covered under TRR, the surviving family member(s) may purchase new or continue existing TRR coverage <u>until the date on which the deceased member would have turned 60 years of age</u>



Module Summary

Congratulations!

You have successfully completed the TRICARE Reserve Select and TRICARE Retired Reserve Course. You should now be able to:

- **Define TRICARE Reserve selected (TRS)**
- **Describe how to qualify and purchase TRS coverage**
- **Explain how to transition from other types of TRICARE coverage to TRS**
- **Define TRICARE Retired Reserve (TRR)**
- **Describe eligibility requirements for TRR coverage**
- **Distinguish between TRS and TRR coverage**

